

I am the parent of _____ and give my consent to my child's participation in the City of Florida City, Summer Sports Camp.
Held at: Florida City Youth Activity Center.

I do not know of any health problems or conditions that would limit or restrict my child's participation in the camp activities.

If my child is injured, I authorize City of Florida, City and its employees and agents to perform first-aid services and to secure the services of health care Professionals to treat my child. I will be responsible for the costs of that care.

I understand that participation in the activities at this camp creates a risk of injury to my child and I accept that risk.

Both my child and I release City of Florida, City and its employees and agents from any liability for any injury my child may suffer at camp for any reason.

Parent Name (please print)

Parent Signature

Student Name (please print)

Student Signature